

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM



Complete appropriate sections below, attach voided check, deposit slip or letter from financial institution and return to Provider Network Operations:

FAX TO: 602-778-1875 QUESTIONS: 602-778-1800 (Options 5, 7)

Section I	Change in Account Type	☐ Change in Financial Institution
Section II PAYEE IDENTIFICATION	_	
Federal Employer's Identification Number (EIN:		N): rity Number is voluntary pursuant to 42 USC ona will use your SSN or EIN to file in the Internal Revenue Service)
Payee Name (provider) Bus	siness Phone	Business Fax
AHCCCS/Medicare ID# NPI#	Email Address	
Address	City	State Zip Code
Section III AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION		
I authorize Care1st to process payments owed to me via Electronic Funds Transfer (EFT) deposits. Care1st shall deposit the electronic payments in the financial institution and account designated below. I authorize Care1st to debit my account for transactions posted in error.		
I certify that I have read and agree to comply with Care1st rules, governing payments and electronic transfers as they exist on this form or as subsequently adopted, amended, or repealed. I certify that I am authorized to initiate electronic funds transfer (EFT) for the entity receiving deposits, pursuant to this agreement, and that all information provided is accurate.		
Signature (Required)	Title	Date
Bank Name:  Bank Address:  City State: Zip Code  Branch Phone Number:  Routing transit number:  Type of Account: Checking:  Savings:  Attach voided check (checking acct) or deposit slip (savings acct) when submitting. If a voided check is not available, please request a letter from your financial institution on bank letterhead, which reflects the routing and account numbers. Forms presented without a copy of voided check, deposit slip, or bank confirmation will be retuned to the requestor, unprocessed. Confirmation of EFT setup will be faxed once complete.		
Section V CANCELLATION  Reason:		Date:
FOR INTERNAL USE ONLY: Vendor #		
FOR INTERNAL USE ONLY: Vendor #  Set Up Completed By/Date		

Revised: 10.2010